

GUIDE TO SWORN WEIGHER LICENSES

Pursuant to Somerville Ordinance 2-173, a license must be obtained before serving as a Sworn Weigher in the City. Licensure is valid from the date of the license through December 31 of the same year only. The fee is \$100.00.

To complete the application:

1. Fill in all information requested, and sign the Application for a Sworn Weigher License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in the Criminal History Systems Board Public Records Request Information form.
2. If you reside in Somerville, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
3. Deliver all materials to the Mayor's Office (93 Highland Avenue, Somerville, 02143, 617 625-6600 x2100). The Mayor will obtain a recommendation from the Police Chief, and will make a determination on recommending approval to the Board of Aldermen. The Board usually meets on the 2nd and 4th Thursday of the month.
4. If the Mayor recommends approval to the Board of Aldermen, and if the Board of Aldermen votes to approve your appointment, the City Clerk's Office will send you a letter informing you of your approval, and instructing you on how to be sworn in.
5. Before you can be sworn in, you will be required to pay the Application Fee of \$100.00.

APPLICATION FOR A SWORN WEIGHER LICENSE

City of Somerville, Commonwealth of Massachusetts

Date_____

To the Honorable Mayor and the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that he/she may be granted a license to operate as a Sworn Weigher in the City of Somerville. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Mayor or Board of Aldermen. Such permission shall be revocable at any time at the pleasure of the Board of Aldermen.

Name_____ Date of Birth_____

Address, City, Zip_____

I have lived at this address since_____ Telephone_____

Present Employer_____ Present Occupation_____

Present Employer's Telephone_____

I seek appointment for the following reasons_____

I have the following qualifications_____

I expect to serve the following organizations_____

I certify that I am a citizen of the United States and that all statements in this application are true and accurate under the pains and penalties of perjury.

Signature_____

POLICE CHIEF RECOMMENDATION:

I, the Chief of Police, having reviewed this application for appointment or reappointment as a Constable and having, at the request of the Mayor, investigated the reputation and character of the applicant and his or her fitness for the office, all as provided by MGL c. 41 s. 91B, recommend that this application be:

____Approved ____Denied

Signature_____ Date_____

CRIMINAL HISTORY SYSTEMS BOARD
PUBLIC RECORD REQUEST INFORMATION

Last Name

First Name

M.I.

Maiden Name

Date Of Birth

Social Security Number
(Requested But Not Required)

List any aliases used:

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP: